

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City on Town Clerifier Election Commission				
Fill in Reporting Period dates: Beginning Date:	01/01/13 Ending Date: 12/81/11 7				
Type of Report: (Check one)	S FF F B				
☐ 8th day preceding preliminary ☐ 8th day preceding election	Sm ∃ m				
Dr. Cynthia G. Kruger					
Candidate Full Name (if applicable)	Committee Name				
Committee to Elect Dr. Cynthia G. Kruge	r				
Office Sought and District	Name of Committee Treasurer				
11 Shady Lane, New Bedford, MA 02740					
Residential Address	Committee Mailing Address				
Telephone Number (optional): 508-993-1493	Telephone Number (optional):				
SUMMARY BALA	NCE INFORMATION:				
Line 1: Ending Balance from previous report	\$365.46				
Line 2: Total receipts this period (page 3, line	11) .03				
Line 3: Subtotal (line 1 plus line 2)	\$365.49				
Line 4: Total expenditures this period (page 5,	, line 14) 0				
Line 5: Ending Balance (line 3 minus line 4)	\$365.49				
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page	7) 0				
Line 8: Name of bank(s) used: Webster	Bank				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committe  Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finance cind contributions and liabilities for this reporting period and represents the campaign see in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:				
FOR CANDIDATE PHINOS ONLY					
Candidate with Committee and no activity independent of the committee  Light Cartify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report	1 box only)  o the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period.				
Candidate without Committee OR Candidate with independent activity filin  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf o	o the best of my knowledge and belief, a true and complete statement of all campaign				
Signed under the penalties of perjury: Dr. Guller VI	Candidate's signature) Date: 01/13/14				

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. Please include your committee name and a p  Name and Residential Address  Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
ine 9: Total Rece	sipts over \$50 (or listed above)	0		
Line 10: Total Rec	eipts \$50 and under* (not listed above)	.03		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	.03	← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
1					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
ine 9: Total Receip	ots over \$50 (or listed above)	0			
ine 10: Total Recei	pts \$50 and under* (not listed above)	0			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

100	To Whom Paid	ittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
The second second				
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				-
2.44				
		10 7 (15	650 / 1: 1 \	
		Line 12: Total Expenditures ov	er 550 (or listed above)	0
	ili. Di meja barit ta Alleb	Line 13: Total Expenditures \$5	0 and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				.,
year of the second of the seco				
		Line 12: Expenditures over \$50 (or listed above)		0
	Line 13: Expenditures \$50 and under* (not listed above)  Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			0

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				·
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)	0
n veres en en. Ngjaran en. 1	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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# **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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and the state of t				
				And the Paris
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0

CITY OF NEW BEDFORD
2014 JAN 21 AM 8 57
BOARD OF ELECTION
COMMISSIONER